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Date	Total pages
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U.S. Patent and Trademark Office	Mail Stop Amendment	571-273-8300	

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Randall D. Morin	617.523.1231	617.570.1657

Message:

Re: U.S.S.N.: 09/780,142

Attorney Docket No.: MEE-002

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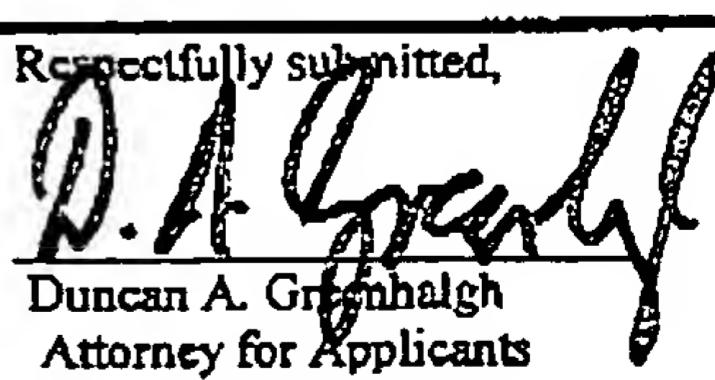
Application Serial Number	09/780,142
Filing Date	February 9, 2001
First Named Inventor	Miller
Group Art Unit	1644
Examiner Name	Huynh, Phuong N.
Attorney Docket No.	MEE-002
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Supplemental Amendment/Response (6 pages) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) - Supplemental Declaration of Joan W. Miller, M.D., Under 37 C.F.R. 1.132 (2 pages) - Fax Cover Sheet (1 page)
<input type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Supplemental Information Disclosure Statement (3 pgs.) <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
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Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		<p>Respectfully submitted,</p> <p></p> <p>Duncan A. Greenhalgh Attorney for Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109</p>

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